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## U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT Washington, D.C. 20523

Subject: Conditions of Employment for Time-Limited Foreign Service Career

Candidate Employee

In accepting a time-limited appointment as a Career Candidate in the Foreign Service of the U.S. Agency for International Development, I certify that I understand and agree to the following terms and conditions:

- 1. That my appointment will be for a period not to exceed five (5) years, during which time I must, among other requirements, achieve specified foreign language proficiency requirements and serve at least two (2) years overseas, to be considered for tenure. (My appointment may not be renewed or extended except as provided by Sec. 309 (b) (3), Foreign Service Act of 1980, as amended.)
- 2. That my appointment may be terminated at any time for any reason other than misconduct by the Deputy Assistant Administrator for Human Resources or designee. (Appointees are entitled to a hearing before the Foreign Service Grievance Board in terminations involving misconduct.)
- 3. That I am responsible for repayment of costs for travel and transportation for myself, eligible family members, household and personal effects, including a privately-owned vehicle, if for personal reasons not acceptable to the Agency, I do not complete one full year at the post of assignment.
- 4. That I will be responsible for travel and transportation costs for myself, eligible family members, household and personal effects, including a privately-owned vehicle, from my assigned duty post to my separation residence, if, for personal reasons not acceptable to the Agency, I resign before completing an overseas tour of duty.
- 5. That quarters and post allowances, where applicable, may be payable in local currency, at the option of the Agency, and are subject to change without notice.
- 6. That post differential and other additional compensation, where payable, are subject to change without advance notice.
- 7. That I will be available for assignment on a worldwide basis for the duration of my appointment.

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| Signature:  | Date: |  |